



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

MEDICAID HOSPICE POLICY MANUAL

Section: ELIGIBLE SERVICES

**Subject: Medicaid Hospice
Requirements for Coverage**

Reference: ARM 37.40.806, 42 CFR 418.200

REQUIREMENTS FOR COVERAGE

To be covered, hospice services must meet the following requirements:

1. The services must be reasonable and necessary for the palliation and management of the terminal illness as well as related conditions;
2. The member must elect hospice care in accordance with 37.40.815 (refer to Hospice Policy 404);
3. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program (refer to Hospice Policy 411);
4. The plan of care must be established before hospice care is provided;
5. The services provided must be consistent with the plan of care; and
6. A certification that the member is terminally ill must be completed.